POSTMARK ILLEGIRIF

UNITED STATES HOUSE OF REPRESENTATIVES	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CO.
Name: Andrew U. D. Straw	Daytime Telephone:	18 APR -9 PM 1: 17
New Member of or Candidate for State: U.S. House of Representatives District: **Candidates - Date of Election: 11/6/	Check if Amendment	(Office Use Only)
New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: Jenuary 1, Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ugh the date of filing? Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	r arrangement with an Yes No
D. Did you, your spouse, or your dependent child heve eny reportable Yes liability (more then \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current yeer and two prior yeers?	or yeers? Yes No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S") COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	INFORMATION - ANSWER BOTH OF THES	E QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?		not be disclosed. Have you excluded Yes No 📉
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a speuse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you heve first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they mittee on Ethics.	et all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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누모성 For an ownership interest in a privately-held business of the man For rentel end other reel property held for investment provide e complete address or description, e.g. "rental property," end e city and state. For bank end other cash accounts, total the emount in all interest-bearing eccounts. If the total is over \$5,000, list every financiel institution where there is more than \$1,000 in interest-bearing accounts. For all IRAs end other retirement plens (such es 401(k) plans) provide the value for each asset held in the eccount that exceeds the reporting thresholds. Provide complete nemes of stocks and mutuel funds (do not use only ticker symbols). production of income end with e feir merket velue exceeding \$1,000 at the end of the reporting period and (b) eny other reportable asset or source of income ncome during the year or a detailed discussion of Schedule A requirements you have a privately-traded fund thet is en Excapted westment Fund, please check the "EIF" box. surement progrem, eogrephic location in Block A. you so choose, you may indicate that an asset or come source is thet of your spouse (SP) or spendent child (DC), or jointly held with enyone (JT) the optional column on the far left. cclude: Your personal residence, including secon Assets and/or Income Sources refer to the instruction booklet during the reporting period); end eny finencia end vacation homes (unless there was renta (e) each essat held for investment ₹ or income including the Thrift Sevings Plen ABC Hedge Fund Simon & Schuster Mega Corp Stock **BLOCK A** then \$200 derived Ťon, 3 uneemed federa 믺 × ٩ 9 9 Indicate velue of asset at close of the reporting period. If you use e veluation method other than fair market value, please specify the method used. > child in which you heve no intarest Column M is for essets held by your spouse or depende e None an asset was sold during the reporting period end is actuded only because it generated income, the velue should \$1-\$1,000 В O \$1,001-\$15,000 \$15,001-\$50-000 0 × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 71 BLOCKB × G \$250,001-\$500,000 \$500,001-\$1,000,000 I _ \$1,000,001-\$5,000,000 <u>۔</u> \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 _ Z Spouse/DC Asset over \$1,000,000* 401(K), IRA, or 529 ______s), you may check the Tax-Deferred col__m. Dividends, is interest, and capital lailins, even if reinvested, must be discussed as income for assets held for taxable-occounts. Check ent "None" if the esset _____ated no income during the reporting period. Check ell columns that a ly. For accounts that generate tax-deferred income (such as NONE DIVIDENDS RENT Type of Income INTEREST BLOCKC CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnershi Royallies Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For essets for which you checked "Tex-Defarred" in Block C, you may check the "None" column. For a, a sests indicate the category of income by checking the appropriate box below. Dividends, interest, capital gaine, even if reinvested, must be disclosed as income for essets held in taxable account held. "None" if no income was earned or generated. יים All is for essets held by your spouse or dependent child in which you heve no interest א תחנה None × \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 ⋜ Current Year × < \$2,501-\$5,000 **S** × \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Amount of Income Over \$5,000,000 × BLOCKD × Spouse/DC Income over \$1,000,000* None = \$1-\$200 = \$201-\$1,000 < \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 < \$5,001-\$15,000 ≦ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × × \$1,000,001-\$5,000,000 Over \$5,000,000 × × Spouse/DC Income over \$1,000,000*

Usa additional sheets if more space is required

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Andrew U.D.

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SCHEDULE C - EARNED INCOME

Andrew U.D. Page_

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. **INCOME LIMITS and PROHIBITED INCOME**: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoreria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Examples: Ukrainian Refugees Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtabla (Oct. 2)
Onlario County Board of Education Legal Fees Honorarium
Salary
Spouse Speech
Spouse Salary Current Year to Filing 0 **Amount Preceding Year** 1300

SCHEDULE D - LIABILITIES

Name: Andrew U.D. Straw Page 5 of 7	Page 5 of 7	
eduring the reporting period by you, your spouse, or your dependent child. Merk the highest emount owed during the reporting secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence es, household furniture, or applicances: liabilities of a business in which you own an interest (unless you are personally lieble): end	nount owed during the reporting tgage on your personal residence ass you are personally lieble); end	
es, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally lieble); end	ess you are personally lieble); end	

(unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally lieble); end liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving cherge eccount (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. perlod. New Members: Members are required to report all liabilities Report liabilities of over \$10,000 owed to any one creditor at any time

				SP, DC, JT		
; :			Example			
			First Bank of Wilmington, OE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
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				Over \$50,000,000	<u>-</u>	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, freternel, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-yeer candidates end new employees report positions held in the current calendar year and two previous years.

	 		_
	7	N/A	Position
	, ,	MM - all prays are special or political like clubs	Name of Organization

SCHEDUL

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former	SCHEDULE F - AGREEMENTS Name: Andrew U.D. Straw Page 6 of 7
ovemment service; tained by a former	age 6 of
	7

employer.			
Date	Parties to Agreement		Terms of Agreement
		None	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

9		
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
		No such companyation from work,
		I have reached lausuit settlements from
		my ADA work because I am disabled. These
		Cases were don't by me, Arose.
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	THE PARTY CONTRACTOR OF THE PA	

Name: Andrew U. D. Straw Page 7 of 7

Use additional sheets i	1		3			7)							NOTE NUMBER
I estimate by total belongings to be worth less than \$1,000. Use additional sheets it more space is required. I one 2 attorneys \$15,000 and I one fue cred; to a second second to a second sess than \$300.	sele real estate or other sign; Deaut as	In student loans I owed under the Fired loan pregram	e to my SSAI and permane	tlements are not	and a deministrative	62	c im 2001.	his driving to the Tad	£	L was poisoned	in 2018 due to my physical + mental disabilities from	My principal income source is SSDI at \$1,138 par month	NOTES

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk Office of the Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601

indicate Your Status: (Select One)

Dear Madam Clerk:

	Over \$\$,000
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This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

For my 2018 race, IL8

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal of Candidacy

[Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): Andrew U. D. Straw

State: _____ District: _____ 8

Date: 3/31/2018

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Cierk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20S1S-6601

Last Updated 10/2014